

Withholding Account No.:		Year:		Quarter:	
Employer Name & Address:			<b>Special Instructions</b>		
			<ul style="list-style-type: none"> <li>● Submit amended quarterly returns (IT-11s) if the previous reported tax liability has changed.</li> <li>● Submit corrected W-2 forms (W-2Cs) if wage and/or withholding information has changed.</li> </ul>		

<b>Refund Claimed by JEDD</b>		
North Pickaway County JEDD	20	
Prairie-Obetz JEDZ	21	
<b>Total Refund Claimed</b>		

**—General Instructions for Form IT-6W—**

To avoid delays in the processing of your refund request, be sure that the reason given for your refund request provides sufficient information to enable the Income Tax Division to approve your request.

Attach any supporting documentation to the back of this form that you feel will be helpful in processing your refund. For example, if you remitted tax to us that should have been remitted to another government agency, attach a copy of the return or payment coupon for that other agency that matches the amount of your refund claim.

**Payroll Services** filing on behalf of a client must attach a valid power of attorney to the refund claim.

**Questions?** Call (614) 645-8368.

**Reason for Refund**


\_\_\_\_\_  
 Officer's Signature

\_\_\_\_\_  
 Officer's Name (Print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Officer's Title

\_\_\_\_\_  
 Officer's Phone Number

- For Office Use Only-
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Mail to: Columbus Income Tax Division  
 50 W. Gay Street, 4th Floor  
 Columbus, Ohio 43215-9037